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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/657,171			Filing Date 09/09/2003		To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Cotumn 2) SMALL ENTI													IER THAN LL ENTITY
FOR NUMBER FILED					NUMBER EXTRA			RATE	(\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b), (or (c))	N/A		N/A			N/A				N/A	
	SEARCH FEE (37 CFR 1.16(k), (f), o	or (m))	N/A		N/A			N/A				N/Á	
	EXAMINATION FE (37 CFR 1.16(0), (p), c		N/A		N/A			N/A	١			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			X \$	=		OR	x \$ =	
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•			X \$	=			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$2 addi	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			pplication size fee due Il entity) for each r fraction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter *0* in column 2.								TOTA	T			TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								S	MAL	L ENTITY	OR		ER THAN LL ENTITY
AMENDMENT	11/08/2006	REMAINING AFTER AMENDMENT		PREVIO PAID FO	USLY	PRESENT EXTRA		RATE	(\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(1))	· 19	Minus	~ 26		= 0		X \$	=		OR	X \$50=	0
	Independent (37 CFR 1.18(h))	• 3	Minus	 3		= 0		X \$	=		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
											OR	TOTAL ADD'L FEE	0
	(Column 1) (Column 2) (Column 3)												
AMENDMENT	3-12-07	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	(\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR	. 20	Minus	<u>-</u> 2	6	= 7 0		X \$	=		OR	x s =	O
	Independent (37 CFR 1.18(h))	. 3	Minus	***	3	= O		X \$	=		OR	x s =	0
	Application Size Fee (37 CFR 1.16(s))												6
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		Q
								TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE	P
I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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